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State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 01/31/2013

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line		Line#	Description			Withhold		Year	Month			
00324058	1	I/S meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001		2013	01	0000097635	Adams, R. 1.22-1	435.00
Total For Voucher												435.00	

VP

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
Voucher ID: 00324058
Voucher Style: Regular
Invoice Number: Adams, R. 1.22-1.25.13
Invoice Date: 01/30/2013
Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

***Pay Terms:** Pay Now ☒ Schedule Payments

Payment Information

Scheduled Payment: 1

***Remit to:** 0000097303 

Location: 001 

***Address:** 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD **Discount Denied**

Late Charge

Scheduled Due: 01/30/2013 

Net Due: 01/30/2013

Discount Due:

Accounting Date:

Payment Method
***Bank:** WFB10

***Account:** B **Pay Group:** RE

***Method:** ACH ACH ***Netting:** N 

Message: 

Message will appear on remittance advice.

Find | View All **First**  1 of 1  **Last**  

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 1.22-1.25.13
 Voucher ID: 00324058 Invoice Date: 01/30/2013
 Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRMRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
 Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment  Postpone Withholding 

Letter of Credit

Letter of Credit ID: 

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES[illegible]

**New Mexico Department of Health
Travel and Training Request Form**

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle	☐ Check if personal vehicle	License #:	GS1984
	Year: 2011	Make: Nissan	Model:	Altima

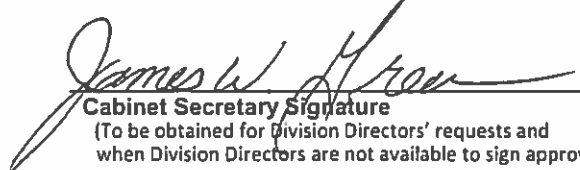
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.			
	Course Name:	Meeting with Cabinet Secretary in Santa Fe. and also facilities meeting in ABQ		
	☐ Check if training is required	☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/18/13	Destination:	Santa Fe & ABQ		
	Departure Date: (month/day/yr)	01/22/13	Time:	06:00 AM	Return Date: (month/day/yr)	1/25/13
	Time: 06:00 PM					
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	1/22/13 Date	_____ Supervisor/Bureau Chief Signature	_____ Date
_____ Division Director/Hospital Administrator (As per specific division requirements)	_____ Date	 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	_____ Date